## **FEC FORM 2**

## STATEMENT OF CANDIDACY

4						
١.	(a) Name of Candidate (in full)					
	The Hon. William P Huizenga	F 0.				
	(b) Address (number and street) 441 Williams Court	Ł Cnec	k if address	cnanged		Candidate's FEC Identification Number     H0MI02094
	(c) City, State, and ZIP Code					3. Is This New Amended
	Zeeland		MI	49464		Statement (N) OR (A)
4.	Party Affiliation	5. Office Sought			6. State & Dist	rict of Candidate
	UNKNOWN	House			MI	02
	DE	SIGNATION (	OF PRIN	CIPAL	CAMPAIG	N COMMITTEE
7.	I hereby designate the following nar	ned political comm	ittee as my F	Principal C	ampaign Comr	nittee for the 2016 (year of election) election(s).
	NOTE: This designation should be f	led with the approp	priate office	isted in th	e instructions.	
	(a) Name of Committee (in full) HUIZENGA FOR CO	ONGRESS				
	(b) Address (number and street) PO Box 254					
	(c) City, State, and ZIP Code					
	Zeeland				MI	49464-1509
	DE		OF OTHE			COMMITTEES
					representativ	63)
8.	I hereby authorize the following nam candidacy.	ed committee, whi	ich is NOT m			nmittee, to receive and expend funds on behalf of my
8.	•			ny principa	l campaign cor	·
8.	candidacy.			ny principa	l campaign cor	·
8.	candidacy.  NOTE: This designation should be f			ny principa	l campaign cor	·
8.	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)			ny principa	l campaign cor	·
8.	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  BHY Committee  (b) Address (number and street)			ny principa	l campaign cor	·
8.	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  BHY Committee  (b) Address (number and street)  824 S Milledge Ave			ny principa	l campaign cor	·
8.	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  BHY Committee  (b) Address (number and street)  824 S Milledge Ave  Ste 101			ny principa	l campaign cor	·
8.	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  BHY Committee  (b) Address (number and street) 824 S Milledge Ave Ste 101  (c) City, State, and ZIP Code Athens	led with the princip	oal campaign	ny principa	e. GA	nmittee, to receive and expend funds on behalf of my
	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  BHY Committee  (b) Address (number and street) 824 S Milledge Ave Ste 101  (c) City, State, and ZIP Code Athens	led with the princip	oal campaign	ny principa	e. GA	nmittee, to receive and expend funds on behalf of my  30605-1332
Sig	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  BHY Committee  (b) Address (number and street) 824 S Milledge Ave Ste 101  (c) City, State, and ZIP Code Athens	led with the princip	oal campaign	e best of n	e. GA	and belief it is true, correct and complete.
Si <sub>t</sub>	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  BHY Committee  (b) Address (number and street) 824 S Milledge Ave Ste 101  (c) City, State, and ZIP Code Athens  I certify that I have exa	led with the princip	oal campaign	e best of n	GA  GA  ronically Filed]	and belief it is true, correct and complete.  Date
Si <sub>t</sub>	candidacy.  NOTE: This designation should be f  (a) Name of Committee (in full)  BHY Committee  (b) Address (number and street) 824 S Milledge Ave Ste 101  (c) City, State, and ZIP Code Athens  I certify that I have exa	led with the princip	oal campaign	e best of n	GA  GA  ronically Filed]	30605-1332  and belief it is true, correct and complete.  Date 01/20/2016

FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F2A Transaction ID :

Form/Schedule: Transaction ID:

(b) Address (number and street)

(c) City, State and ZIP Code

## FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003) [ ADDITIONAL ] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) The Rivalry Joint Committee (b) Address (number and street) 228 S Washington St Ste 115 (c) City, State and ZIP Code Alexandria VA 22314-5404 [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State and ZIP Code [ADDITIONAL] **DESIGNATION OF OTHER AUTHORIZED COMMITTEES** (Including Joint Fundraising Representatives) I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)